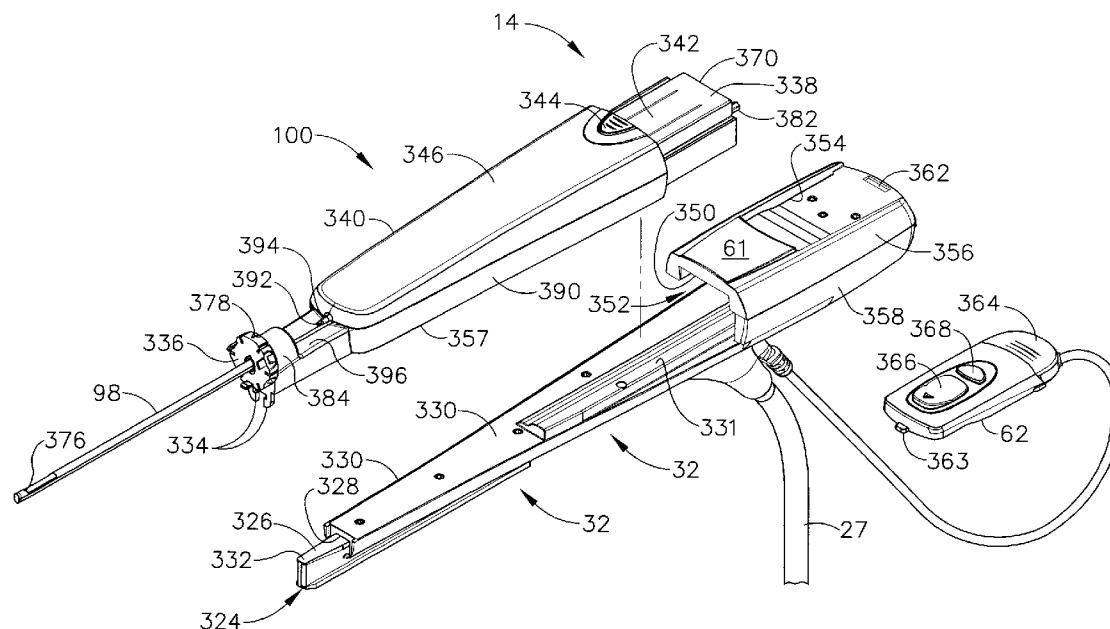




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Haberstich et al.(10) **Pub. No.: US 2015/0201916 A1**(43) **Pub. Date: Jul. 23, 2015**(54) **MRI BIOPSY DEVICE****Publication Classification**(71) Applicant: **Devicor Medical Products, Inc.**,
Cincinnati, OH (US)(51) **Int. Cl.**
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(US)(52) **U.S. Cl.**
CPC **A61B 10/0266** (2013.01); **A61B 2010/0208**
(2013.01); **A61B 2560/0266** (2013.01); **A61B**
2560/0462 (2013.01)(21) Appl. No.: **14/568,478**(57) **ABSTRACT**(22) Filed: **Dec. 12, 2014****Related U.S. Application Data**(63) Continuation of application No. 11/419,567, filed on
May 22, 2006, now Pat. No. 8,932,233, which is a
continuation of application No. 11/103,959, filed on
Apr. 12, 2005, now Pat. No. 7,831,290.(60) Provisional application No. 60/573,510, filed on May
21, 2004.

A magnetic resonance imaging (MRI) compatible core biopsy system uses a biopsy device having intuitive graphical displays and a detachable remote keypad that advantageously allows convenient control even within the close confines afforded by a localization fixture installed within a breast coil that localizes a patient's breast and guides a probe of the biopsy device relative to the localized breast. A control module for interactive control and power generation are remotely positioned and communicate and transmit rotational mechanical energy via sheathed cable.



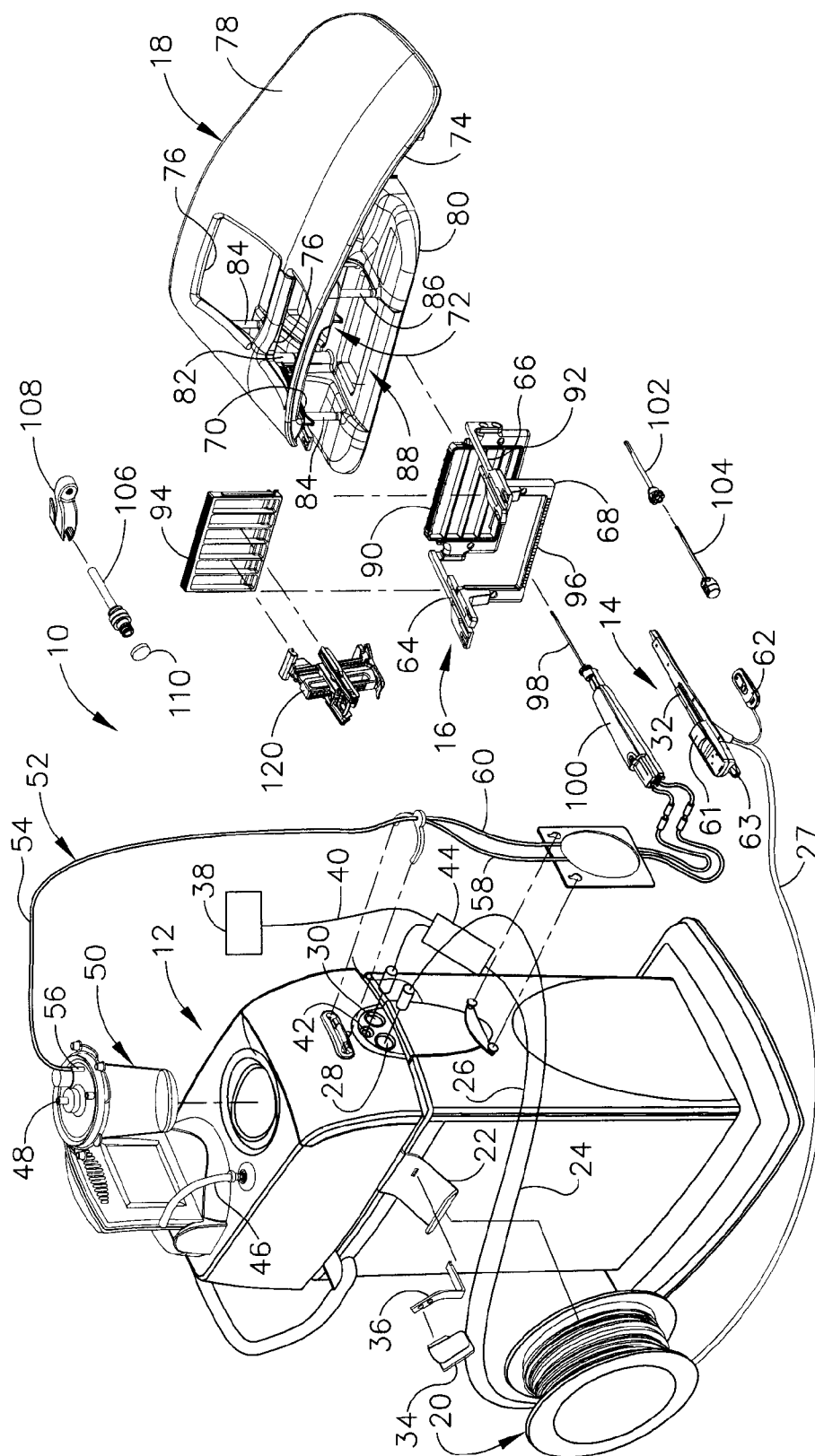


FIG. 1

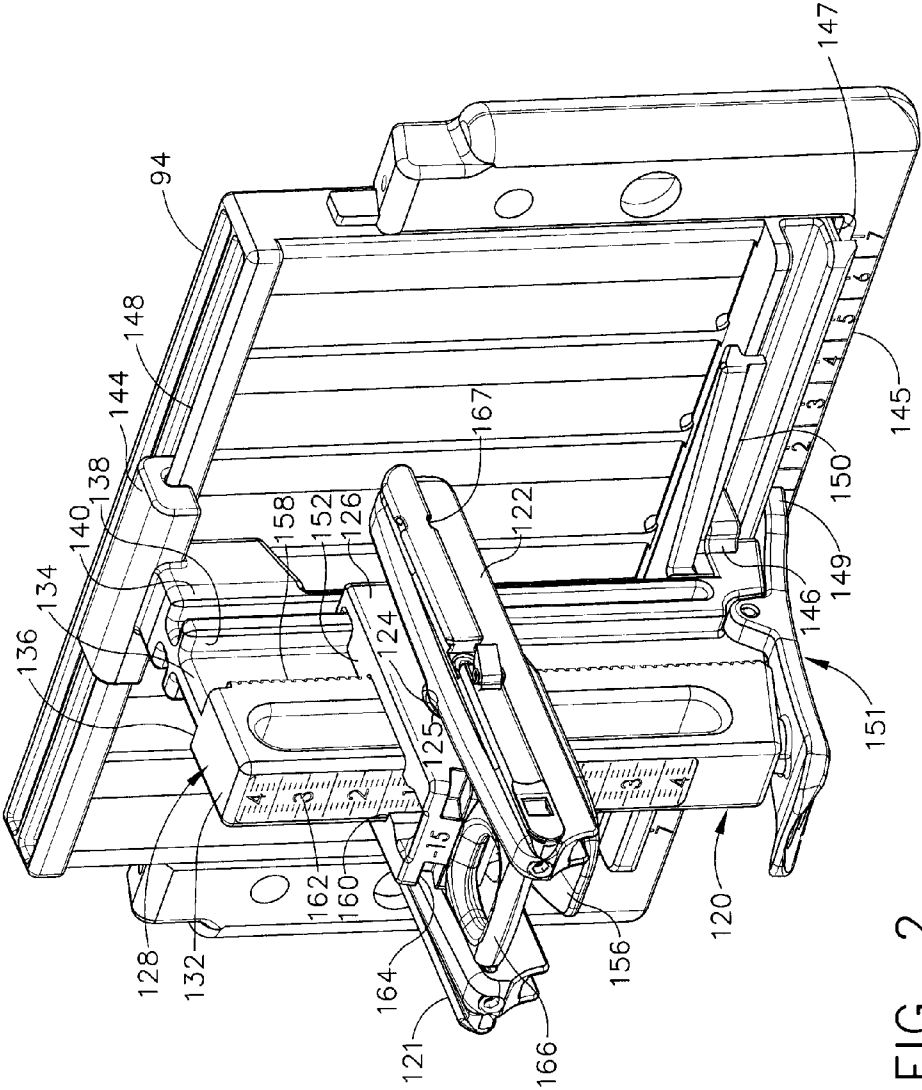


FIG. 2

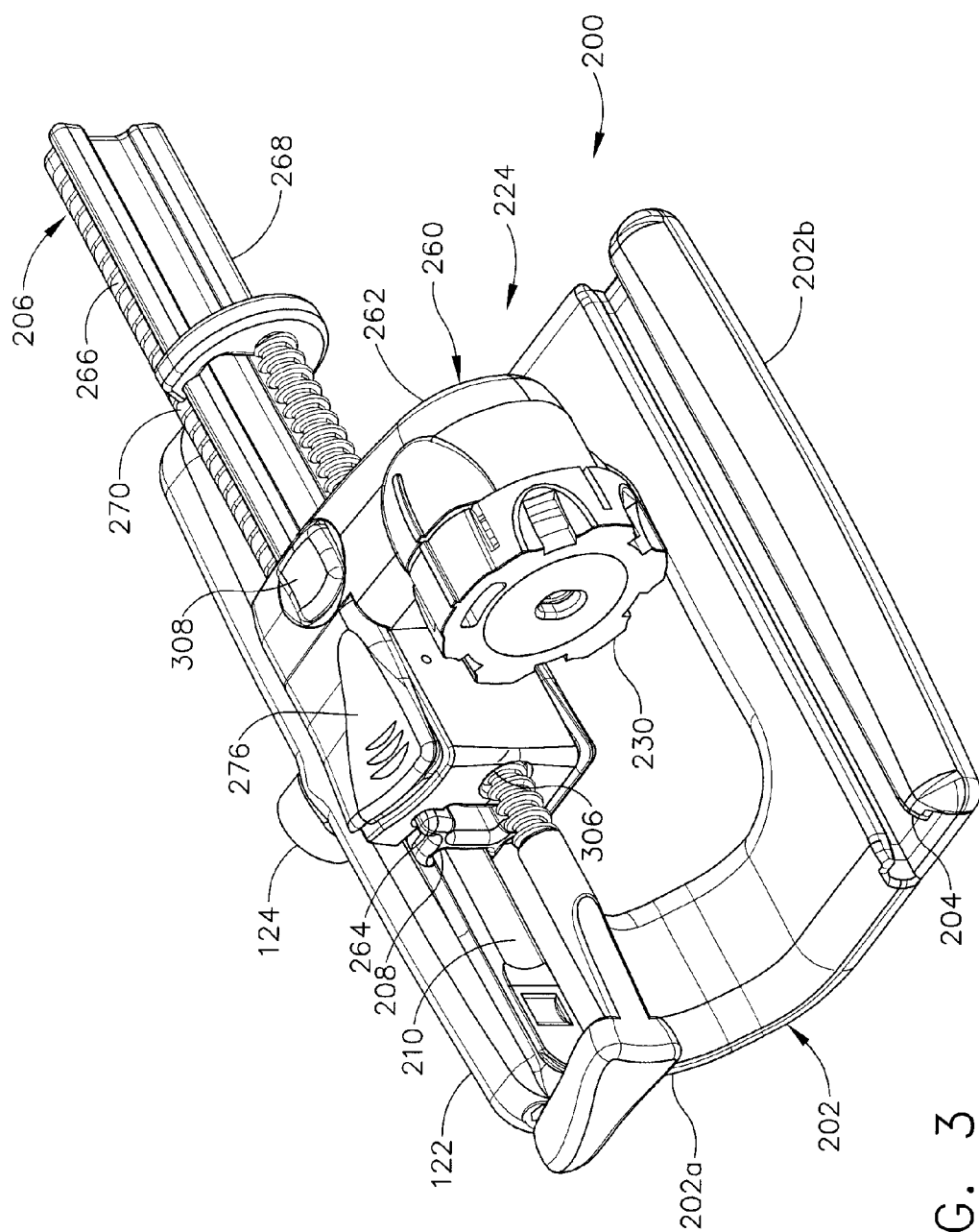


FIG. 3

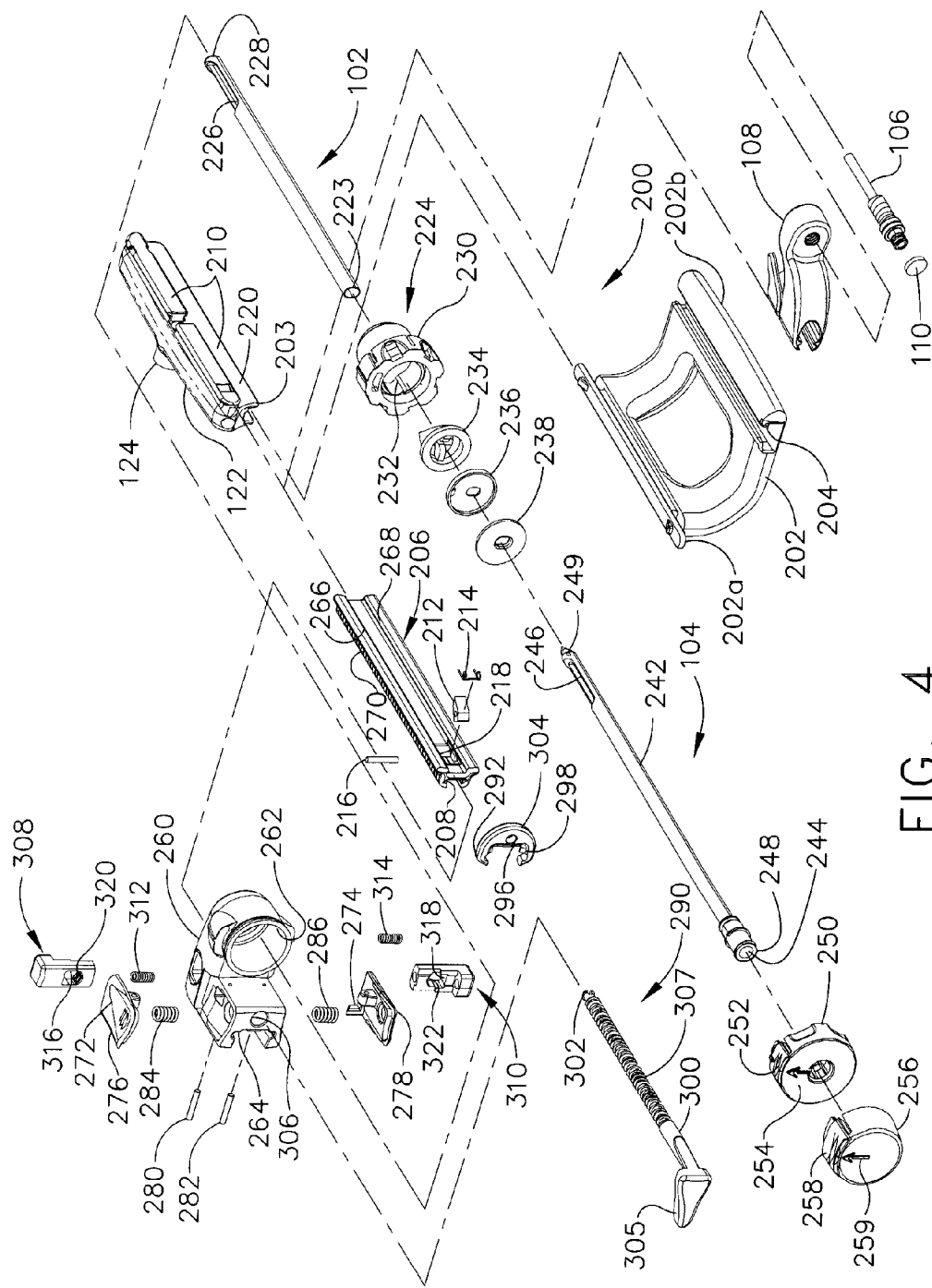


FIG. 4

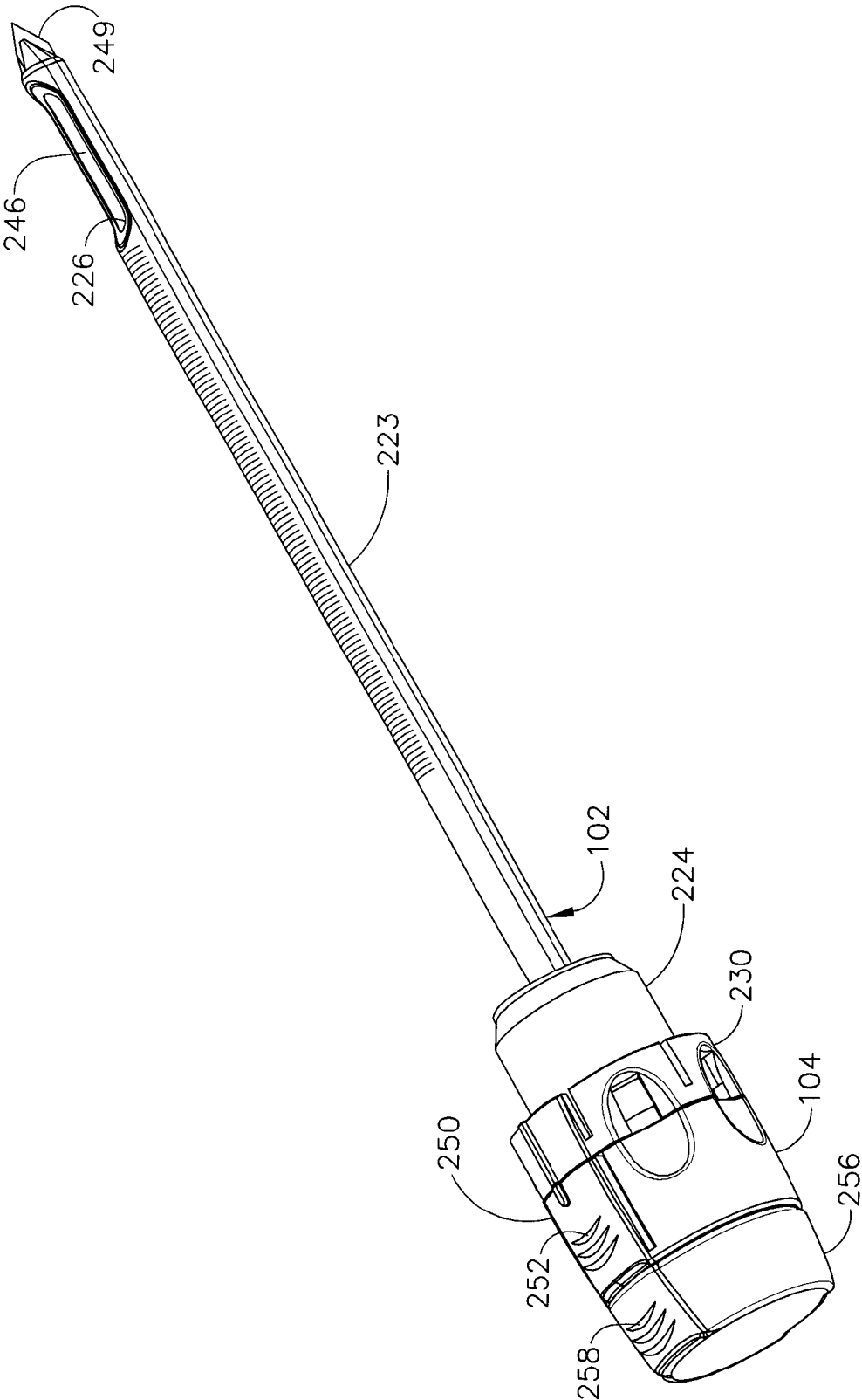


FIG. 5

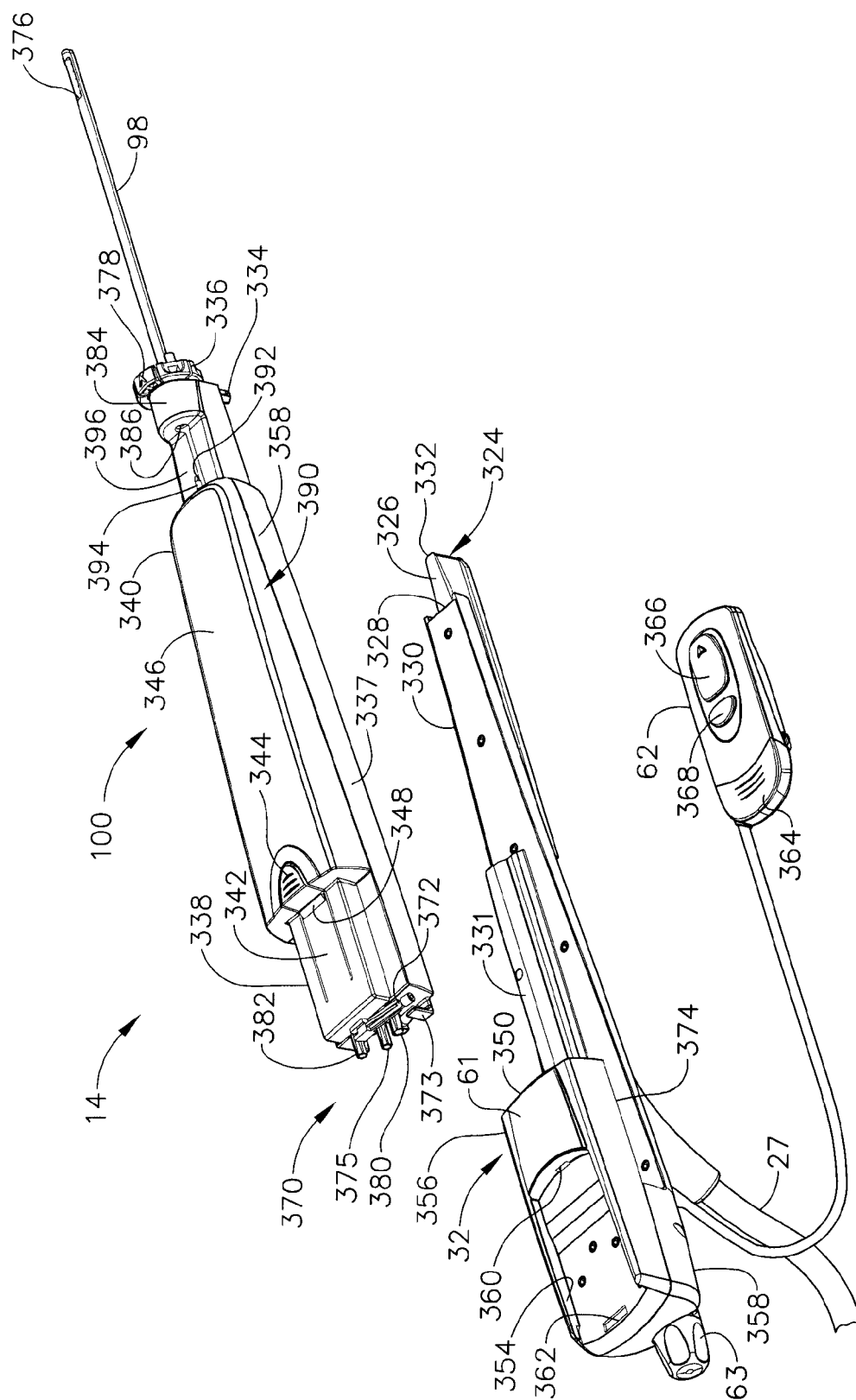


FIG. 6

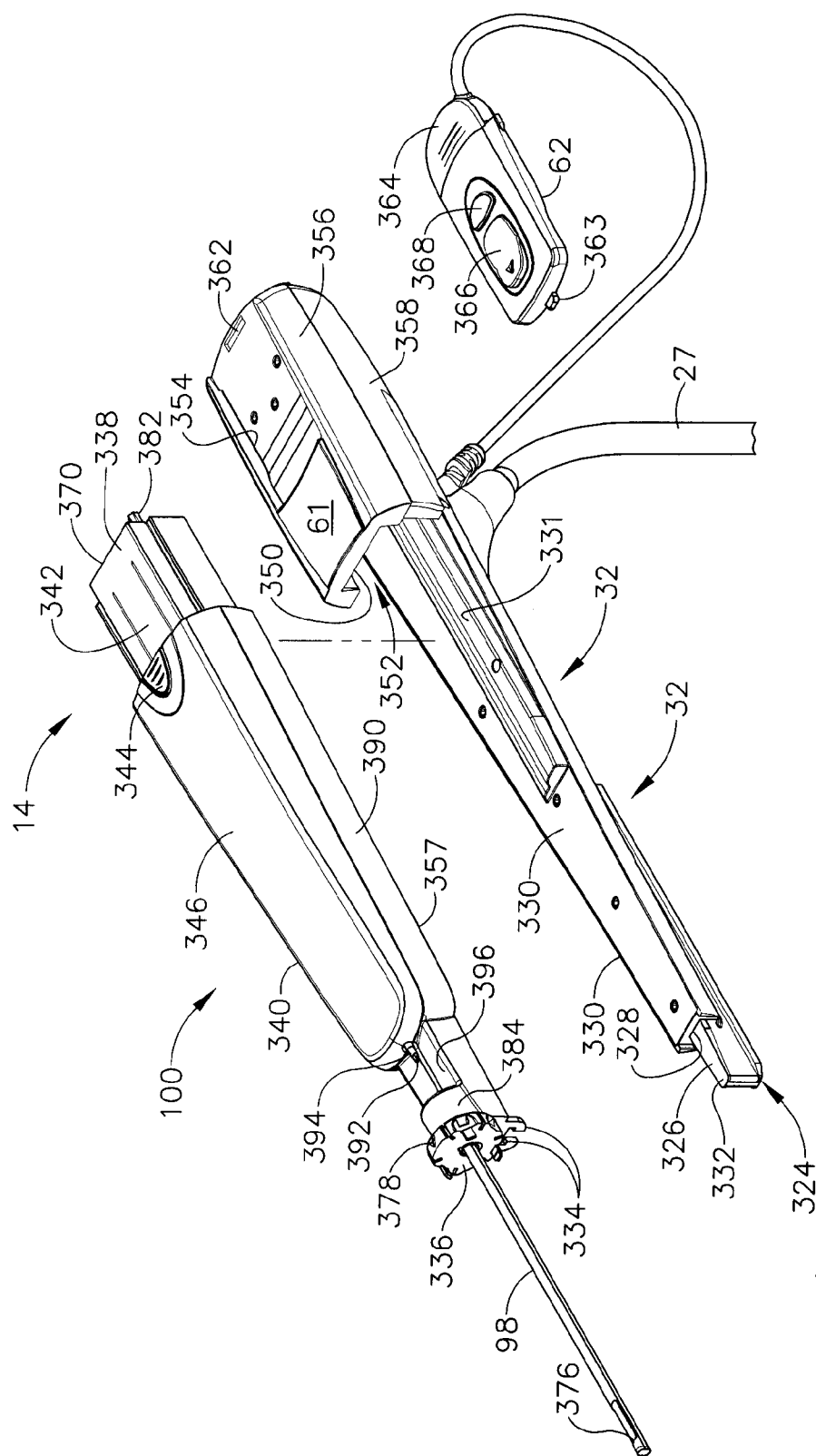


FIG. 7

[illegible]

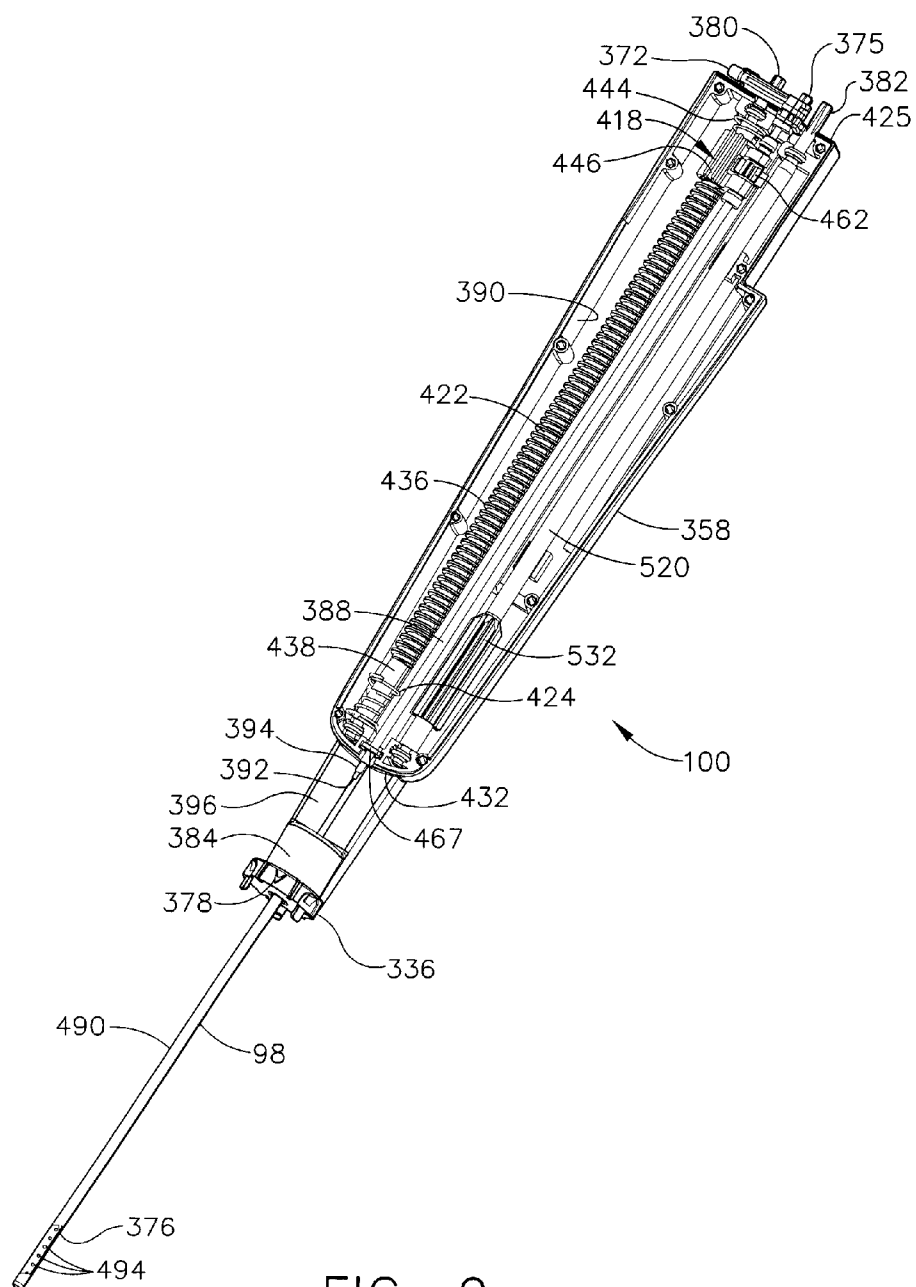


FIG. 9

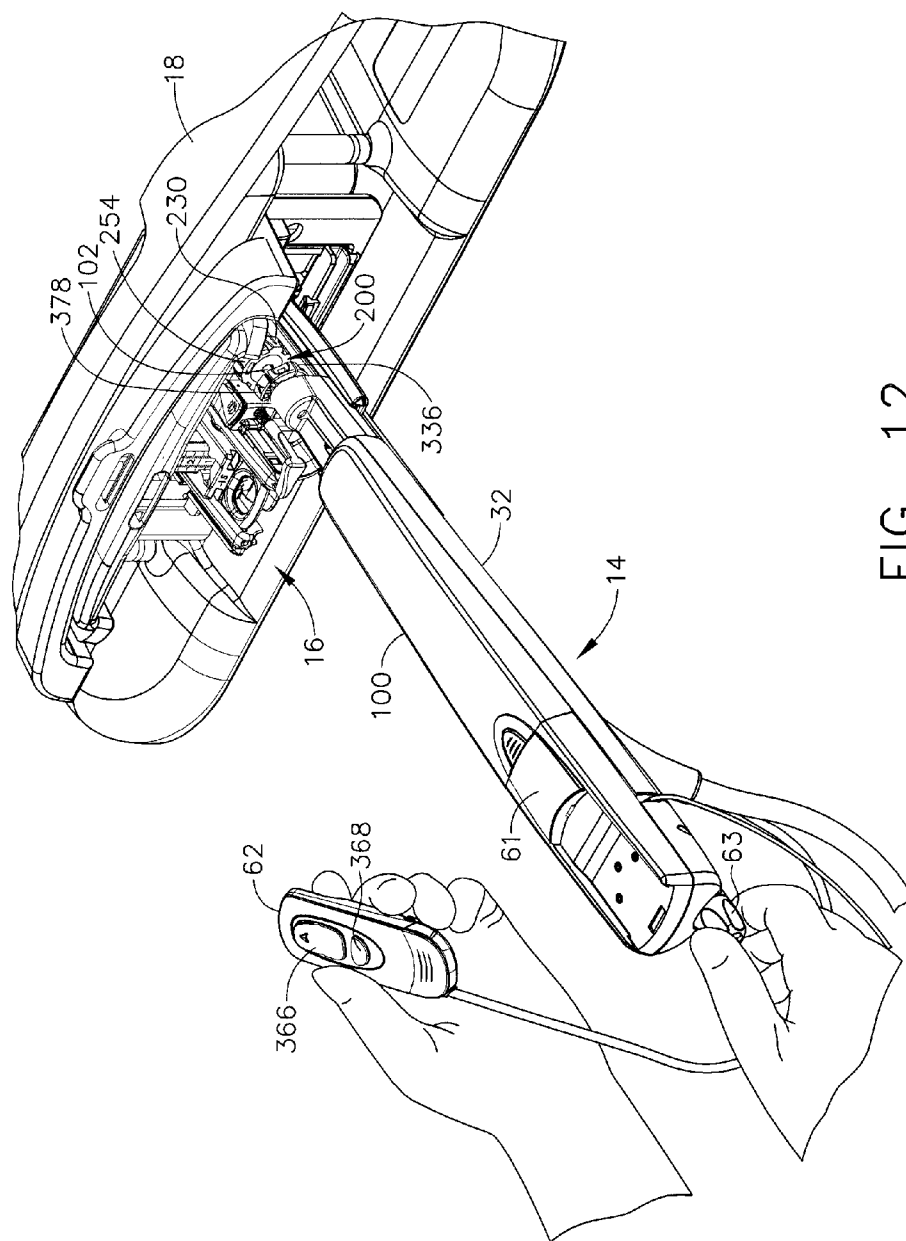


FIG. 12

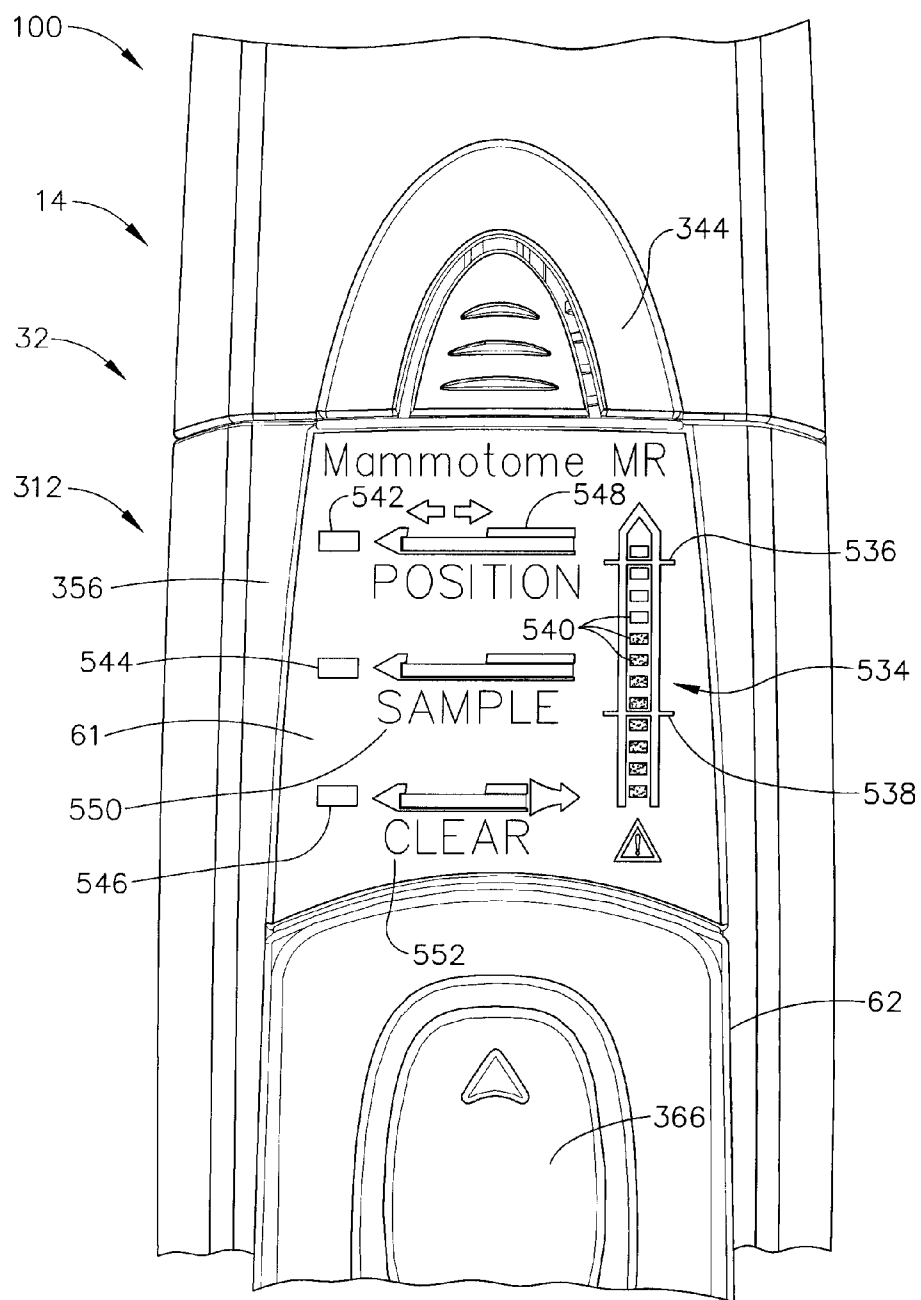


FIG. 13

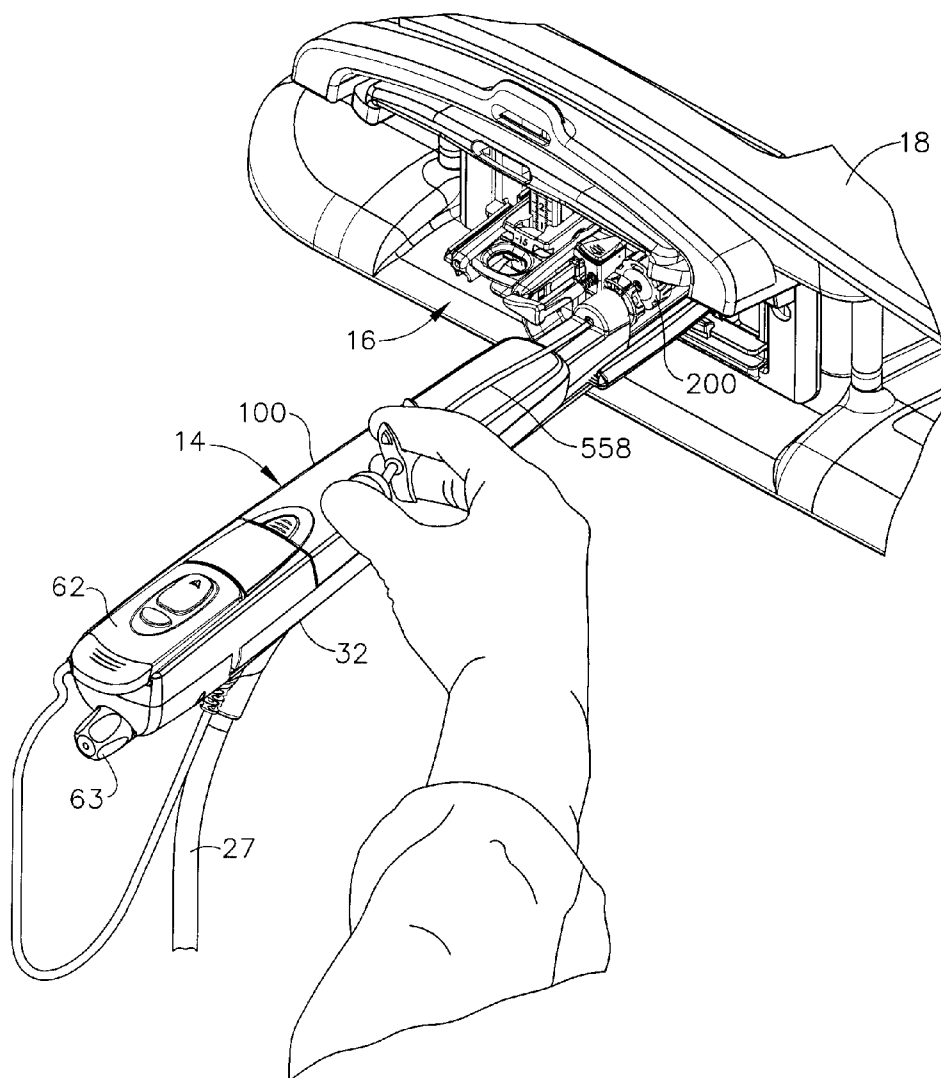


FIG. 14

MRI BIOPSY DEVICE

CROSS REFERENCE TO RELATED APPLICATIONS

[0001] The present application is a continuation in part of U.S. patent application Ser. No. 11/103,959, “MRI BIOPSY DEVICE LOCALIZATION FIXTURE” to Hughes et al., filed on 12 Apr. 2005, the disclosure of which is hereby incorporated by reference in its entirety.

FIELD OF THE INVENTION

[0002] The present invention relates, in general, to a method of imaging assisted tissue sampling and, more particularly, to an improved method for positioning a biopsy probe with respect to a magnetic resonance imaging (MRI) breast coil for acquiring subcutaneous biopsies and for removing lesions.

BACKGROUND OF THE INVENTION

[0003] Core biopsy devices have been combined with imaging technology to better target a lesion in breast tissue. One such commercially available product is marketed under the trademark name MAMMOTOME™, by Ethicon Endo-Surgery, Inc. An embodiment of such a device is described in U.S. Pat. No. 5,526,822 issued to Burbank, et al., on Jun. 18, 1996, and is hereby incorporated herein by reference. Its handle receives mechanical and electrical power as well as vacuum assist from a remotely positioned control module that is spaced away from the high magnetic field of a Magnetic Resonance Imaging (MRI) machine.

[0004] As seen from that reference, the instrument is a type of image-guided, percutaneous coring, breast biopsy instrument. It is vacuum-assisted, and some of the steps for retrieving the tissue samples have been automated. The physician uses this device to capture “actively” (using the vacuum) the tissue prior to severing it from the body. This allows the sampling of tissues of varying hardness. In addition, a side opening aperture is used, avoiding having to thrust into a lesion, which may tend to push the mass away, cause a track metastasis, or cause a hematoma that, with residual contrast agent circulating therein, may mimic enhancement in a suspicious lesion. The side aperture may be rotated about a longitudinal axis of the probe, thereby allowing multiple tissue samples without having to otherwise reposition the probe. These features allow for substantial sampling of large lesions and complete removal of small ones.

[0005] Vacuum assisted core biopsy devices have been adapted to be safe and compatible with various imaging modalities, including Magnetic Resonance Imaging (MRI). In particular, portions of a biopsy system placed near the magnet core of an MRI machine need to be nonresponsive to the strong magnetic field to prevent becoming drawn toward the magnet core or to malfunction. Further, the MRI machine depends upon sensing extremely weak radio frequency (RF) signals emanated by tissue after being excited by a strong change in the magnetic field. Components placed in the RF shielded MRI suite need to avoid producing electromagnetic interference (EMI) and need to avoid having materials that would distort RF signals sufficient to create artifacts in the MRI scan data.

[0006] A successful approach has been to segregate motive power generation, graphical user interface, vacuum assist, and closed loop control in a control module that has typically

been placed about 6 feet away from the magnet core to mitigate detrimental interaction with its strong magnetic field and/or sensitive radio frequency (RF) signal detection antennas. An intuitive graphical user interface (GUI) provides a range of preprogrammed functionality incorporated into a control module to efficiently use time in an MRI suite to take tissue samples.

[0007] As an example, in U.S. Pat. No. 6,752,768, the disclosure of which is hereby incorporated by reference in its entirety, a control button may be depressed to change a mode of operation of a core biopsy device with this mode displayed remotely on a display.

[0008] While a full function GUI has numerous clinical benefits, the clinician may find the control module inconveniently remote during hands-on portions of the procedure. In addition, some MRI machines have such increased sensitivity and/or increased magnet field strength that it is desirable to increase the distance of the control monitor (e.g., 30 feet) from the MRI machine. Further, even if the control monitor is sufficiently close, some clinicians prefer a simplified user interface to simplify training familiarity.

[0009] Consequently, a significant need exists for a biopsy system compatible for use in an MRI suite with biopsy controls with enhanced convenience and intuitiveness.

BRIEF SUMMARY OF THE INVENTION

[0010] The invention overcomes the above-noted and other deficiencies of the prior art by providing a handpiece of a magnetic resonance imaging (MRI) compatible core biopsy system that includes a graphical user interface that facilitates user control even with vacuum, power generation, and control processing components remotely positioned away from the MRI magnet and sensitive radio frequency (RF) receiving components. Thereby, a clinician may have the full functionality of vacuum assisted core biopsy systems yet not be inconvenienced by the distance from a remotely positioned control module.

[0011] These and other objects and advantages of the present invention shall be made apparent from the accompanying drawings and the description thereof.

BRIEF DESCRIPTION OF THE FIGURES

[0012] The accompanying drawings, which are incorporated in and constitute a part of this specification, illustrate embodiments of the invention, and, together with the general description of the invention given above, and the detailed description of the embodiments given below, serve to explain the principles of the present invention.

[0013] FIG. 1 is a perspective disassembled view of a Magnetic Resonance Imaging (MRI) biopsy system including a handpiece (“biopsy device”) having intuitive graphical controls consistent with aspects of the invention.

[0014] FIG. 2 is an isometric view of a lateral fence and pedestal of a localization fixture of the MRI biopsy system of FIG. 1.

[0015] FIG. 3 is an isometric view of a guidance assembly mounted on a right primary targeting rail of FIG. 2.

[0016] FIG. 4 is an exploded isometric view of the guidance assembly of FIG. 3 and the sleeve trocar and introducer obturator of FIG. 1.

[0017] FIG. 5 is an isometric view of the introducer obturator inserted into the sleeve trocar of FIGS. 1 and 4.

[0018] FIG. 6 is an aft right isometric view of the MRI biopsy device of FIG. 1 with a disposable probe assembly and keypad control disengaged from a reusable holster portion.

[0019] FIG. 7 is a fore left isometric view of the MRI biopsy device of FIG. 1 with the disposable probe assembly and keypad control disengaged from the reusable holster portion.

[0020] FIG. 8 is a fore left exploded isometric view of the reusable holster portion of FIG. 7.

[0021] FIG. 9 is a top view of the disposable probe assembly of FIG. 7 with an upper cover removed to expose interior components of a carriage cavity.

[0022] FIG. 10 is a fore left exploded isometric view of the disposable probe assembly of FIG. 7.

[0023] FIG. 11 is an aft left isometric view of the localization fixture and guidance assembly installed into a breast coil of FIG. 1.

[0024] FIG. 12 is an aft isometric view of the MRI biopsy device of FIG. 7 into the guidance assembly of FIG. 11.

[0025] FIG. 13 is a top detail view of a display portion of the MRI biopsy device of FIG. 7.

[0026] FIG. 14 is an aft right isometric view of the MRI biopsy device, localization fixture and breast coil of FIG. 12 with insertion of a marker deploying instrument through a probe of the disposable probe assembly.

DETAILED DESCRIPTION OF THE INVENTION

[0027] An MRI biopsy device advantageously includes is partially disposable for sterility purposes with a reusable portion for economy. Inconvenience of mechanical, electrical, and pneumatic coupling to a remotely placed control portion, necessitated by a strong magnetic field and sensitive RF receiving components of an MRI machine, is mitigated. First, proximal detachable intuitive controls and displays on the MRI biopsy device give interactive control even after insertion into localizing and guiding structures. Second, binding of mechanical coupling to the MRI biopsy device is sensed prior to equipment damage or malfunction. Third, mechanical coupling is moved closer to engagement points between the MRI biopsy device and guiding structures to reduce torque loads, especially those transferred through its distal probe. Fourth, a single mechanical drive cable drives a fixed ratio transmission that translates and rotates a cutter of the distal probe to realize an effective fixed ratio translation/rotation sampling cut without the encumbrance of two mechanical drive cables.

[0028] Turning to the Drawings, wherein like numerals denote like components throughout the several views, in FIGS. 1-3, a Magnetic Resonance Imaging (MRI) compatible biopsy system 10 has a control module 12 that typically is placed outside of a shielded room containing an MRI machine (not shown) or at least spaced away to mitigate detrimental interaction with its strong magnetic field and/or sensitive radio frequency (RF) signal detection antennas. As described in U.S. Pat. No. 6,752,768, which is hereby incorporated by reference in its entirety, a range of preprogrammed functionality is incorporated into the control module 12 to assist in taking these tissue samples. The control module 12 controls and powers an MRI biopsy device ("handpiece") 14 that is positioned and guided by a localization fixture 16 attached to a breast coil 18 that is placed upon a gantry (not shown) of the MRI machine.

[0029] A cable management spool 20 is placed upon a cable management attachment saddle 22 that projects from a side of the control module 12. Wound upon the cable management

spool 20 is a paired electrical cable 24 and mechanical cable 26 which are bundled into sheathed cable 27 for communicating control signals and cutter rotation/advancement motions respectively. In particular, electrical and mechanical cables 24, 26 each have one end connected to respective electrical and mechanical ports 28, 30 in the control module 12 and another end connected to a reusable holster portion 32 of the MRI biopsy device 14. An MRI docking cup 34, which may hold the holster portion 32 when not in use, is hooked to the control module 12 by a docking station mounting bracket 36.

[0030] An interface lock box 38 mounted to a wall provides a tether 40 to a lockout port 42 on the control module 12. The tether 40 is advantageously uniquely terminated and of short length to preclude inadvertent positioning of the control module 12 too close to the MRI machine. An in-line enclosure 44 may advantageously register the tether 40, electrical cable 24 and mechanical cable 26 to their respective ports 42, 28, 30 on the control module 12.

[0031] Vacuum assist is provided by a first vacuum line 46 that connects between the control module 12 and an outlet port 48 of a vacuum canister 50 that catches liquid and solid debris. A tubing kit 52 completes the pneumatic communication between the control module 12 and the MRI biopsy device 14. In particular, a second vacuum line 54 is connected to an inlet port 56 of the vacuum canister 50. The second vacuum line 54 divides into two vacuum lines 58, 60 that are attached to the MRI biopsy device 14. With the MRI biopsy device 14 installed in the holster portion 32, the control module 12 performs a functional check. Saline is manually injected into biopsy device 14 to serve as a lubricant and to assist in achieving a vacuum seal. The control module 12 actuates a cutter mechanism (not shown) in the MRI biopsy device 14, monitoring full travel. Binding in the mechanical cable 26 or within the biopsy device 14 is monitored with reference to motor force exerted to turn the mechanical cable 26 and/or an amount of twist in the mechanical cable 26 sensed in comparing rotary speed or position at each end of the mechanical cable 26.

[0032] Just proximal to a display area 61 on the reusable holster portion 32, a remote keypad 62, which is detachable from the reusable holster portion 32, communicates via the electrical cable 24 to the control module 12 to enhance clinician control of the MRI biopsy device 14, especially when controls that would otherwise be on the MRI biopsy device 14 itself are not readily accessible after insertion into the localization fixture 16 and/or placement of the control module 12 is inconveniently remote (e.g., 30 feet away). An aft end thumbwheel 63 on the reusable holster portion 32 is also readily accessible after insertion to rotate the side from which a tissue sample is to be taken.

[0033] Left and right parallel upper guides 64, 66 of a localization framework 68 are laterally adjustably received respectively within left and right parallel upper tracks 70, 72 attached to an under side 74 and to each side of a selected breast aperture 76 formed in a patient support platform 78 of the breast coil 18. A base 80 of the breast coil 18 is connected by centerline pillars 82 that are attached to the patient support platform 78 between the breast apertures 76. Also, a pair of outer vertical support pillars 84, 86 on each side spaced about a respective breast aperture 76 respectively define a lateral recess 88 within which the localization fixture 16 resides.

[0034] In FIGS. 1-2, a selected breast is compressed along an inner (medial) side by a medial plate 90 downwardly

received into a medial three-sided frame **92** of the localization framework **68**. The breast is compressed from an outside (lateral) side of the breast by a lateral fence **94** downwardly received into a lateral three-sided frame **96** of the localization framework **68**, defining an X-Y plane. The X-axis is vertical (sagittal) with respect to a standing patient and corresponds to a left to right axis as viewed by a clinician facing the externally exposed portion of the localization fixture **16**.

[0035] Perpendicular to this X-Y plane extending toward the medial side of the breast is the Z-axis, which typically corresponds to the orientation and depth of insertion of a probe **98** of a disposable probe assembly **100** of the MRI biopsy device **14** or of a sleeve trocar **102** with inserted introducer obturator **104**. For clarity, the term Z-axis may be used interchangeably with “axis of penetration”, although the latter may or may not be orthogonal to the spatial coordinates used to locate an insertion point on the patient. Versions of the localization fixture **16** described herein allow a nonorthogonal axis of penetration to the X-Y axis to a lesion at a convenient or clinically beneficial angle. An origin of the spatial coordinates may be imaging the dents imparted to the tissue by the lateral fence **94**. Alternatively, a disposable fiducial pointer **106** held by a fiducial holder **108** is filled with an MRI imaggable material (e.g., KY jelly, saline, gadolinium) and sealed with a cap **110**.

[0036] The probe **98**, sleeve trocar **102** and fiducial pointer **106** are guided by the localization fixture **16**. With particular reference to FIG. 2, a lateral fence supported pedestal **120** spatially positions left and right primary targeting rails **121**, **122** that in turn guide the fiducial pointer **106**, the sleeve/trocar **102**, or the probe **98** of the biopsy device **14** (FIG. 1). The primary targeting rails **121**, **122** each include an attachment axle **124** that receives in either a left or right side axle hub **125** of a (Y-axis) height yoke **126** that is vertically adjustable upon a pedestal main body **128**, that in turn is laterally adjustable upon the lateral fence **94**. Alternatively, a breast coil may enable mounting the pedestal main body on the medial plate **90** for accessing medially. The pedestal main body **128** includes a proximal upright rectangular column **132** with a thinner wall **134** projecting from its distal side that flares laterally outward (defining left and right vertical rectangular slots **136**, **138**) as part of a bracket **140** with top and bottom hanger arms **144**, **146** that slide laterally respectively on a top track **148** and a proximally open lower track **150** formed in the lateral fence **94**. A lateral (X-axis) adjustment lever **151** may be raised to lift its distal end **149** out of engagement with a bottom track **147** formed in the lateral fence **94** as the lateral adjustment lever **151** is repositioned to the left or right to a desired location with reference to a lateral measurement guide **145**.

[0037] The height yoke **126** is a rectangular cuff interrupted in a mid-portion of a distal side to form locking left and right hands **152** respectively which ride vertically in the left and right vertical rectangular slots **136**, **138**. The locking left and right hands **152** have respective ridged proximal surfaces (not shown) that are selectively drawn proximally into locking engagement by a height locking lever **156** with a ridged surface **158** on a proximal side of each vertical rectangular slot **136**, **138**. Lifting the height locking lever **156** takes the height yoke **126** out of locking engagement to the pedestal main body **128** as the height yoke **126** is vertically repositioned. For height adjustment, the proximal top surface of the

height yoke **126** serves as a sight **160** to read a height measurement scale **162** presented on a proximal surface of the height locking lever **156**.

[0038] The attachment axle **124** allows rotation so that an axis of penetration may include an upward or downward trajectory. In the illustrative version, proximal corners of the height yoke **126** include angle detents **164** (e.g., -15° , 0° , $+15^\circ$) that are selectable by an angle lock lever **166**. The primary targeting rail **122** includes a distal detent **167** that serves as a home reference for the fiducial holder **108** (FIG. 1).

[0039] In FIGS. 3-4, a guidance assembly **200**, that may be attached to the lateral fence supported pedestal **120** of FIG. 2, includes a cradle **202** whose upper lateral side **202a** flares upwardly to engage a bottom channel **203** of the primary targeting rail **122**. A lower lateral side **202b** flares horizontally to provide a holster guide track **204** that underlies the axis of penetration. To provide additional guidance to the MRI biopsy device **14** (FIG. 1), a secondary targeting rail **206** includes a lateral channel **208** that is guided along a longitudinal guide tab **210** of the primary targeting rail **122**. When fully engaged thereon, a pawl **212** pivoting under urging of a pawl spring **214** about a vertical pawl pin **216** in a lateral window **218** proximally positioned in the secondary targeting rail **206** drops into a proximal detent **220** proximally positioned on the primary targeting rail **122**. The pawl spring **214** may maintain the pawl **212** in a neutral position that serves in both assembly and later removal of the secondary targeting rail **206** or comprises a pair of opposing pawl springs (not shown) for that purpose.

[0040] In FIGS. 4-5, the sleeve trocar **102** includes a hollow shaft (or cannula) **223** that is proximally attached to a cylindrical hub **224** and has a lateral aperture **226** proximate to an open distal end **228**. The cylindrical hub **224** has an exteriorly presented thumbwheel **230** for rotating the lateral aperture **226**. The cylindrical hub **224** has an interior recess **232** that encompasses a duckbill seal **234**, wiper seal **236** and a seal retainer **238** to provide a fluid seal when the shaft **223** is empty and for sealing to the inserted introducer obturator **104**.

[0041] The introducer obturator **104** advantageously incorporates a number of components with corresponding features. A hollow shaft **242** includes a fluid lumen **244** that communicates between an imageable side notch **246** and a proximal port **248**. The hollow shaft **242** is longitudinally sized to extend when fully engaging a piercing tip **249** out of the distal end **228** of the sleeve trocar **102**. An obturator handle **250** encompasses the proximal port **248** and includes a locking feature **252**, which includes a visible angle indicator **254**, that engages the sleeve thumbwheel **230** to ensure that the imageable side notch **246** is registered to the lateral aperture **226** in the sleeve trocar **102**. An obturator seal cap **256** may be engaged proximally into the obturator handle **250** to close the fluid lumen **244**. The obturator seal cap **256** includes a locking or locating feature **258** that includes a visible angle indicator **259** that corresponds with the visible angle indicator **254** on the obturator thumbwheel cap **230**. The obturator seal cap **256** may be fashioned from either a rigid, soft, or elastomeric material.

[0042] Returning to FIGS. 3, 4, the sleeve trocar **102** is guided, during penetration of tissue, by a sleeve mount **260** having a sleeve hub **262** that receives the cylindrical hub **224** of the sleeve trocar **102**. The sleeve mount **260** has a lateral sleeve hub channel **264** that slides along top and bottom guide flanges **266**, **268** of the secondary targeting rail **206**, each having an aligned and recess ridged, ratcheting surface **270**

that interacts with a respective top and bottom ratcheting feature 272, 274 on respective top and bottom rail lock rocker latches 276, 278 that are engaged by respective top and bottom latch pins 280, 282 in respective sides of the sleeve mount 260. The ratcheting features 272, 274 are proximally ramped such as to allow distal movement. Distal portions of each rail lock rocker latches 276, 278 are biased away from the sleeve mount 260 by respective rail lock compression springs 284, 286 to bias the ratcheting features 272, 274 into contact with the ridges surfaces 270 of the guide flanges 266, 268. Simultaneous depression of the rail lock rocker latches 276, 278 allow the sleeve mount 260 to be drawn proximally, withdrawing any sleeve trocar 102 supported therein, until the sleeve mount 260 reaches a proximal end of the secondary targeting rail 206, whereupon the sleeve mount 260 rotates the pawl 212 clockwise (as viewed from the top) and is thus engaged to the secondary targeting rail 206 as the secondary targeting rail 206 is unlocked from the primary targeting rail 122, causing removal therefrom with continued proximal movement.

[0043] Before mounting the secondary targeting rail 206 onto the primary targeting rail 122 in the first place, the sleeve mount 260 is advantageously adjustably positioned on the secondary targeting rail 206 to set a desired depth of penetration. In particular, a depth guide 290 is formed by a crescent-shaped depth indicator 292 having a lateral channel 296 shaped to engage the top and bottom guide flanges 266, 268. Forward ramped surfaces 298 on the top and bottom of the lateral channel 296 are positioned to engage the ridged ratcheting surfaces 270 on the secondary targeting rail 206, allowing assembly by inserting the depth indicator 292 from a distal end of the secondary targeting rail 206. Frictional engagement thereafter resists further proximal movement and strongly opposes any distal movement, especially from a depth lead screw 300 of the depth guide 290, whose distal end 302 rotates within an outboard hole 304 in the depth indicator 292 and whose proximal end deflects laterally as a depth actuator lever 305 is used to rotate and longitudinally position the depth lead screw 300 therein. A mid portion of the depth lead screw 300 is received in a longitudinal through hole 306 formed in the sleeve mount 260 outboard of its lateral channel 208. For coarse depth adjustment, outer lead threads 307 on the depth lead screw 300 selectively engage the sleeve mount 260 until top and bottom coarse adjust buttons 308, 310 are inwardly depressed into the sleeve mount 260, compressing respective top and bottom coarse adjust compression springs 312, 314. Each coarse adjust button 308, 310 includes a respective vertically elongate aperture 316, 318 whose inward surface presents a worm gear segment 320, 322 to engage the outer lead threads 307 on the depth lead screw 300 when urged into engagement by relaxed coarse adjust compression screws 312, 314.

[0044] Returning to FIG. 3, the thumbwheel 230 is depicted as engaged to the sleeve hug 262 of the sleeve mount 260 with other portions of the sleeve trocar 102 omitted. Application consistent with the present invention may include a probe of an MRI biopsy device that includes a piercing tip or that otherwise is used without passing through a hollow shaft (cannula) 223. As such, the thumbwheel with similar sealing members may be incorporated into the sleeve mount 260.

[0045] In FIGS. 6-7, the MRI biopsy device 14 has the disposable probe assembly 100 depicted detached from the reusable holster portion 32 and with the remote keypad 62 released from the reusable holster portion 32. The sheathed

cable 27 is joined to an underside of the reusable holster portion 32 distal to the aft end thumbwheel 63 to enhance balance and support of the reusable holster portion, which in turn may be engaged to the holster guide track 204 (FIG. 4) by an I-beam shaped holster rail 324 whose upper surface 326 is engaged within a bottom channel 328 of a holster base plate 330. A ridged member 331 upon the holster base plate 330 guides the disposable probe assembly 100 during engagement. A narrowed upper distal surface 332 of the holster rail 324 also engages downward gripping flanges 334 extending downward just proximal to a distal thumbwheel 336 of the disposable probe assembly 100. An under slung shell 337 is fastened to the proximal undersurface portion of the holster base plate 330.

[0046] The disposable probe assembly 100 also has an undersurface that backwardly slides into engagement with the reusable holster portion 32. In particular, a narrowed proximal end 338 is formed into an upper cover 340 with a distal locking arm 342 separated from the upper cover 340 on each side except proximally to present an unlocking button 344 on an exposed surface 346 of the upper cover 340 that is depressed to disengage a locking surface 348 (FIG. 6) from a distal lip 350 of a distally open receiving aperture 352 in the reusable holster portion 32 of the holster plate 330.

[0047] A recessed deck 354 in an upper proximal surface of a proximal top cover 356 of the reusable holster portion 32 is shaped to receive the remote keypad 62. A lower shell 358 mates to the proximal top cover 356. The proximal top cover 356 also defines the upper portion of the receiving aperture 352. The recessed deck 354 has a front guide hole 360 and a back locking aperture 362 registered to respectively receive a front tooth 363 and a flexing unlock tab 364 at an aft end of the remote keypad 62 to selectively engage and disengage the keypad 62 from the reusable holster portion 32. The keypad 62 also includes a translation rocker button 366 that has a distal advance, a default neutral, and an aft retract command position. An aft button 368 may be programmed for mode functions such as saline flush.

[0048] With particular reference to FIG. 6, the disposable probe assembly 100 has a plurality of interconnections presented on an aft docking end 370. A rightward canted vacuum hose nib 372 is positioned to receive a vacuum conduit (not shown) that would be gripped by a friction clip 373 extending under and aft thereof to prevent inadvertent release. A right side slot 374 is distally open and formed between the holster base plate 330 and proximal top cover 356 to receive such a vacuum conduit as the disposable probe assembly 100 is engaged to the reusable holster portion 32. A center splined driveshaft 375 engages the aft end thumbwheel 63 and communicates with the distal thumbwheel 336 to rotate a side aperture 376 in probe 98 to a desired side, as visually confirmed by an arrow indicator 378 on the distal thumbwheel 336. A right splined driveshaft 380 effects cutter translation and a left splined driveshaft 382 effects cutter rotation.

[0049] The distal thumbwheel 336 and probe 98 are mounted to a cylindrical hub 384, which is a distal portion of the lower shell 358 that extends beyond the mating with the upper cover 340. A sample through hole 386 communicates through the cylindrical hub 384 for receiving a rotating and translating cutter tube 388 (FIG. 9) that enters the probe 98 and for receiving tissue samples (not shown) deposited by a retracting cutter tube 388. As the cutter tube 388 fully retracts into a carriage cavity 390 formed between the upper cover 340 and proximal portion of the lower shell 358, a distally

extending tip **392** from a vacuum tube **394** encompassed by the cutter tube **388** dislodges the retracted tissue sample onto a sample retrieval platform **396**, which is a relieved area between the upper cover **340** and the cylindrical hub **384**.

[0050] In FIG. 8, it should be appreciated that the sheathed cable **27** connects to the holster base plate **330** and communicates a single mechanical drive rotation to a fixed ratio transmission **398** mounted to the holster base plate **330** and electrically communicates with an encoder **400** coupled to the fixed ratio transmission **398** aft of the receiving aperture **352**. The sheathed cable **27** also communicates electrically with the display area **61** via a wire bundle (not shown) and with the keypad **62** via a cable assembly **402**, the latter including a strain relief bracket **404** that grips a keypad cable **406** and is fastened proximate to the sheathed cable **27**. The fixed ratio transmission **398** has a pass-through port **408** that receives a distal end of the center splined driveshaft **375** (FIG. 6) to rotatably engage a proximally received beveled shaft **410** distally presented by the aft end thumbwheel **63** and sealed by an O-ring **412**. A right port **414** distally presented by the fixed ratio transmission **398** engages for rotation the right splined driveshaft **380** from the disposable probe assembly **100** for advancing and retracting ("translation") the cutter tube **388**. A left port **416** distally presented by the fixed ratio transmission **398** engages for rotation the left splined driveshaft **382** from the disposable probe assembly **100** for rotating the cutter tube **388** when a distal cutting edge of the cutter tube **388** slides past the side aperture **376** of the probe **98**.

[0051] In FIGS. 9-10, the carriage cavity **390** of the disposable probe assembly **100** includes a cutter carriage **418** having a threaded longitudinal bore **420** that encompasses an elongate translation shaft **422** whose proximal termination is the right splined driveshaft **380** supported by an aft right cylindrical bearing **424** received in an aft wall **425** of the lower shell **358**. A race about the outer circumference of the cylindrical bearing **424** receives an O-ring **426**. A distal end **428** of the threaded translation shaft **422** rotates within a distal right cylindrical bearing **430** engaged to a forward wall **432** of the lower shell **358**. A race about the outer circumference of the cylindrical bearing **430** receives an O-ring **434**. A threaded central portion **436** of the elongate translation shaft **422** resides between an unthreaded distal over-run portion **438** and an unthreaded proximal over-run portion **440**, both sized to allow the threaded longitudinal bore **420** of the cutter carriage **418** to disengage from the threaded central portion **436**.

[0052] A distal compression spring **442** and a proximal compression spring **444** respectively reside on the unthreaded distal and proximal over-run portions **438**, **440** to urge the threaded longitudinal bore **420** of the cutter carriage **418** back into engagement with the threaded central portion **436** upon reversal of rotation of the elongate translation shaft **422**. In particular, the cutter carriage **418** includes a top longitudinal channel **446** that slidably engages an undersurface of the upper cover **340** (not shown) and a bottom longitudinal guide **448** that engages a longitudinal track **450** on a top surface of the lower shell **358**. Thus rotationally constrained, rotation of the elongate translation shaft **422** causes corresponding longitudinal translation of the cutter carriage **418** with distal and aft pairs of gripping flanges **452**, **454** maintained laterally to the left to engage respectively distal and proximal races **456**, **458** formed on each side of a toothed portion **460** of a cutter spur gear **462**, which has a longitudinal bore for applying vacuum.

[0053] To that end, the vacuum hose nib **372** is attached to a mounting structure **464** that is gripped between the upper cover **340** and the lower shell **358** to present an orifice **466** within the carriage cavity **390** that is aligned with the longitudinal bore of the cutter gear **462** and that is in fluid communication with the vacuum hose nib **372**.

[0054] With particular reference to FIG. 10, the proximal end of the vacuum tube **394** is received in the orifice **466**. A rectangular guide **467** supports the distally extending tip **392** of the vacuum tube **394** and is engaged between the upper cover **340** and the lower shell **358**. The cutter tube **388** encompasses and translates relative to the vacuum tube **394**. A seal cap **468** attached to a proximal end of the cutter gear **462** dynamically seals to the outer circumference of the vacuum tube **394** so that vacuum pressure supplied proximate to the distally extending tip **392** is not released within the carriage cavity **390**. The cutter tube **388** is advanced around the open distal end of the vacuum tube **394**, across the sample retrieval platform **396** to seal against a back seal **470** that substantially closes a proximal opening **472** into a sleeve union **474** that rotates within the cylindrical hub **384**. The sleeve union **474** has a distal end **476** engaged for rotation with the distal thumbwheel **336**. Distal and proximal O-rings **478**, **480** reside respectively within distal and proximal races **482**, **484** that straddle a lateral passage **486** of the sleeve union **474** to provide a degree of frictional resistance against inadvertent rotation and advantageously seal the lateral passage **486** for vacuum assistance to prolapse tissue and to retract samples. A noncircular opening **488** is centered in a distal face of the distal thumbwheel **336**. A proximal end of a probe tube **490** of the probe **98** extends through the noncircular opening **488** to receive a distal end of the cutter tube **388**. A lateral tube **492** attached along its length to the probe tube **490** communicates with the lateral passage **486** of the union sleeve **474**. The lateral tube **492** defines a lateral lumen that communicates with the a cutter lumen defined by the probe tube **490**/cutter tube **388** below the side aperture **376** through lumen holes **494** (FIG. 9).

[0055] The center splined driveshaft **375** that is turned by the aft end thumbwheel **63** rotates in turn a shaft **496** whose keyed distal end **498** in turn is engaged to and rotates a pinion gear **500** that is in gear engagement to a proximal spur gear **502** that forms an outer proximal circumference of the sleeve union **474**. A cylindrical distal tip **504** of the keyed distal end **498** rotates within an axle hole (not shown) in the lower shell **358**. Rotation of the aft end thumbwheel **63** thus rotates the probe **98**.

[0056] A distal elbow pneumatic fitting **506** is supported in the lower shell **358** to have an upper end **508** communicating with the lateral passage **486** of the sleeve union **474** and an aft end **510** attached to a vent pneumatic conduit **512** supported by the lower shell **358**. The other end of the vent pneumatic conduit **512** is attached to a distal end **514** of a proximal elbow pneumatic fitting **516** whose lateral end **518** is open to atmosphere. Sizing of various components that vent atmospheric pressure through the lumen holes **494** from the lateral end **518** are such that a tissue sample may be withdrawn through the probe tube **490**. Yet a greater pneumatic draw of air through the vacuum hose nib **372** prior to severing a tissue sample results in a sufficient low pressure at the side aperture **376** to prolapse tissue for severing.

[0057] An elongate rotation shaft **520** proximally terminates in the left splined driveshaft **382** that is supported for rotation by a left aft cylindrical bearing **522** having a race

about an outer circumference that receives an O-ring 524 and is received in the aft wall 425 of the lower shell 358. A distal end 526 of the elongate rotation shaft 520 is received for rotation in a left distal cylindrical bearing 528 having a race about an outer circumference that receives an O-ring 530 and that is received within the front wall 425 of the lower shell 358. As the cutter carriage 418 advances to position the cutter tube 388 to slide past the side aperture 376, the cutter spur gear 460 engages a spur gear portion 532 of the elongate rotation shaft 520. Rotating the cutter tube 388 in proportion to an amount of rotation advantages secures an effective severing of tissue. Eliminating rotation when not severing advantageously enhances retraction of tissue sample retraction.

[0058] In use, in FIG. 11, the localization fixture 16 has been installed into the breast coil 18. The guidance assembly 200 has been preset for a desired insertion point, a desired axis of penetration, and a depth of penetration. After the sleeve trocar 102/introducer obturator 104 have been inserted and imaged to confirm placement, the introducer obturator 104 is removed and the probe 98 of the biopsy device 14 is inserted, as depicted in FIG. 12. The shape of the sleeve trocar 102 aligns the probe 98, visually assisted by lining up the arrow indicator 378 on the distal thumbwheel 336 with the visible angle indicator on the thumbwheel 230 of the sleeve trocar 102. The surgeon may effect operation of the biopsy device 14 by depressing the translation rocker button 366 and aft button 368 on the keypad 62 while referencing status information about the biopsy device 14 on the display area 61. In FIG. 13, the display area 61 advantageously includes a cutter position bar graph 534 having distal and proximal indications 536, 538 that may be compared with how many light segments 540 have been illuminated to indicate progress of the cutter tube 388 relative to the side aperture 376. The aft button 368 may be toggled to cycle the biopsy device 14 through three modes, indicated by a position LED indicator 542, a sample LED indicator 544, and a clear LED indicator 546 with a corresponding label that graphically depicts operation of the biopsy device in that mode. In particular, a position mode depiction 548 illustrates that the cutter tube 388 may be advanced and retracted, for instance, closing the side aperture 376 prior to insertion of the probe 98 into the sleeve trocar 102. In a sample mode depiction 550, vacuum assistance is implemented, drawing sufficient air through the cutter tube 388 to prolapse tissue into the open side aperture 376 that is maintained while translating the cutter tube 388. In a clear mode depiction 552, vacuum is maintained while fully retracting the cutter tube 388 to retract a tissue sample. In FIG. 14, a marker device 548 is deployed through the sample through hole 386 in the cylindrical hub 388.

[0059] It should be appreciated that any patent, publication, or other disclosure material, in whole or in part, that is said to be incorporated by reference herein is incorporated herein only to the extent that the incorporated material does not conflict with existing definitions, statements, or other disclosure material set forth in this disclosure. As such, and to the extent necessary, the disclosure as explicitly set forth herein supersedes any conflicting material incorporated herein by reference. Any material, or portion thereof, that is said to be incorporated by reference herein, but which conflicts with existing definitions, statements, or other disclosure material set forth herein, will only be incorporated to the extent that no conflict arises between that incorporated material and the existing disclosure material.

[0060] While the present invention has been illustrated by description of several embodiments and while the illustrative embodiments have been described in considerable detail, it is not the intention of the applicant to restrict or in any way limit the scope of the appended claims to such detail. Additional advantages and modifications may readily appear to those skilled in the art.

[0061] For example, while closed loop feedback sensing of a component that is related to cutter tube position has various advantages, determination of cutter position may be achieved in other ways consistent with the present invention. For instance, loading on drive components may be sensed at either full advancement and/or full retraction which are used to calibrate an estimate cutter position based on duration of a translation command.

[0062] As another example, rather than discrete LED indicators and labeled depictions, applications consistent with aspects of the invention may include a graphical display (e.g., organic liquid crystal display) that is capable of interactive presentations of intuitive instrument status information. Alternatively or in addition, a touch screen capability may be incorporated to allow instrument control input as well as display.

[0063] For another example, applications consistent with aspects of the present invention may be used in conjunction with different diagnostic imaging modalities (e.g., ultrasonic, computed tomography (CT)).

What is claimed is:

1. A biopsy device comprising:
an outer cannula having a lateral tissue receiving aperture;
an inner tubular cutter disposed for translation within the cannula;
a sensor responsive to translation position of the inner tubular cutter;
a graphical display attached proximally to the outer cannula operably configured to depict the translation position in response to the sensor.
2. The biopsy device of claim 1, wherein the graphical display comprises a bar graph annotated with longitudinal extents of the lateral tissue receiving aperture relative to indicated translation position of the inner tubular cutter.
3. The biopsy device of claim 1, further comprising a vacuum source communicating with the inner tubular cutter to prolapse tissue into the lateral tissue receiving aperture, the graphical display further operably configured to depict a mode of operation corresponding to the vacuum source.
4. The biopsy device of claim 3, further comprising a mode control and control circuitry responsive to user activation of the mode control to toggle between a plurality of modes of operation, the graphical display including a plurality of indicators illuminated to correspond to a current mode of operation.
5. The biopsy device of claim 4, further comprising a plurality of graphical depictions illustrating each of the plurality of modes of operation.
6. The biopsy device of claim 3, further comprising a lateral lumen attached to the outer cannula and communicating distally to the lateral tissue receiving aperture and proximally to atmosphere.
7. The biopsy device of claim 1, further comprising:
a probe assembly portion containing the inner tubular cutter, a cutter carriage attached to the inner tubular cutter, and a translation shaft engaged for longitudinal translation to the cutter carriage; and

a holster assembly including a rotation member engageable to the translation shaft.

8. The biopsy device of claim **7**, wherein the probe assembly further comprises a cutter gear proximally attached to the inner tubular cutter, a rotation shaft having a spur gear portion positioned to engage the cutter gear to impart a rotation to the inner tubular cutter.

9. The biopsy device of claim **8**, wherein the holster further comprises a fixed ratio transmission having one rotation output engageable to the translation shaft and a another rotation output engageable to the rotation shaft.

10. The biopsy device of claim **9**, further comprising a remotely positioned cutter translation motor coupled via a mechanical drive cable attached to the holster.

11. The biopsy device of claim **10**, wherein the mechanical drive cable is attached to an undersurface of the holster to reduce torque loads at the outer cannula.

12. The biopsy device of claim **8**, wherein spur gear portion is longitudinally dimensioned to disengage from the cutter gear when all of the inner tubular cutter is retracted proximally to the lateral tissue receiving aperture.

13. The biopsy device of claim **1**, wherein the sensor comprises an encoder coupled to the inner tubular cutter.

14. A surgical biopsy system comprising:

- a handpiece including an elongated, hollow cannula and a cutter rotatably and axially positionable relative to the hollow cannula, the hollow cannula having a lateral port for receiving the tissue sample into the hollow cannula;
- a power source remotely positioned from the handpiece and operatively coupled via a mechanical drive cable to the cutter for rotating and translating the cutter;
- a control unit operatively associated with the handpiece; and
- a display attached to the handpiece and operatively configured with the control unit wherein the display provides a graphical display of an operational mode of the surgical biopsy system.

15. The surgical biopsy system of claim **14**, the handpiece further comprising at least one control button operable to select an operational mode of the surgical biopsy system.

16. The surgical biopsy system of claim **15**, wherein said at least one control button is positioned on a detachable keypad.

17. The surgical biopsy system of claim **14** wherein the handpiece is operably associated with a vacuum source.

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